

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 3123Registered No. 3

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City Miami

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Keith Echols

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

of birth

Month

Day

Year

Male5. No., in order of birthyesDec. 16-1927

## 8.

## FATHER

Full name

George Washington Echols

## 9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 10. Color or race

Cauc.11. Age at last birthday 46 (Years)

## 12. Birthplace (city or place)

Rome

(State or country)

Ga.

## 13. Occupation

Nature of industry

Miner

## 14.

## MOTHER

Full maiden name

Annie Woods

## 15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 16. Color or race

Cauc.17. Age at last birthday 41 (Years)

## 18. Birthplace (city or place)

Woodruff

(State or country)

Arizona

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated

(Born alive or stillborn)

Signature Byrd M. Brown M.D.Physician

(Physician or midwife).

Address Miami, ArizonaFiled Jan 12 1928

1928

Re-E. Drinn

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar

452-1216-162